



Iraq: EWARN & Disease Surveillance Bulletin

2016 Epidemiological Week: 24

Reporting Period: 13 –19 June , 2016

Highlights

- ◆ **Number of reporting sites:** One hundred and seventeen (117) reporting sites (88% of the total EWARN reporting sites) including sixty-five(65) in internally displaced people’s (IDP) camps, five (5) in refugee camps and forty-seven (47) mobile clinics submitted their weekly reports timely and completely.
- ◆ **Total number of consultations:** 34 582 (Male=15 908 and Female=18 674) marking an increase of 607 since last week.
- ◆ **Leading causes of morbidity in the camps:** Acute respiratory tract infections (ARI) (n=13 190), acute diarrhea (AD) (n=3 315) and skin diseases (n=1 291) remained the leading causes of morbidity in all camps and displaced population areas served by mobile clinics during this reporting week.
- ◆ **Number of alerts:** Four (4) alerts were generated through EWARN, and all of them were from IDPs camps (including one from a mobile clinic) during this reporting week. The alerts were investigated within 72 hours, of which two were verified as true. They were further investigated and responded by the relevant health cluster partners. (Details: see Alerts and Outbreaks Section).

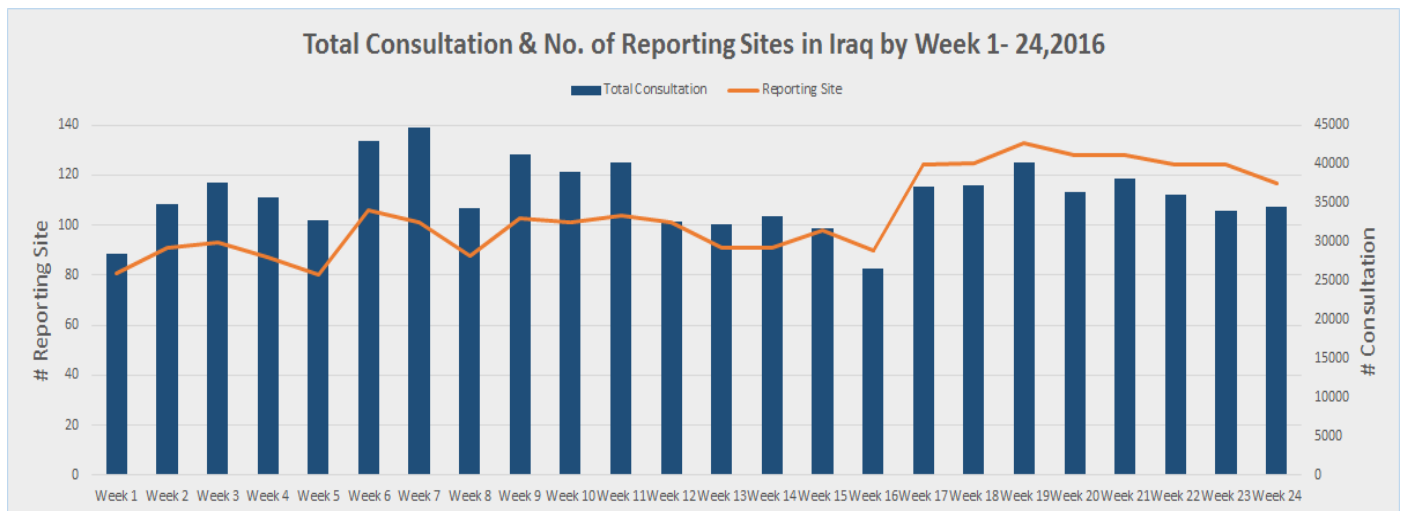
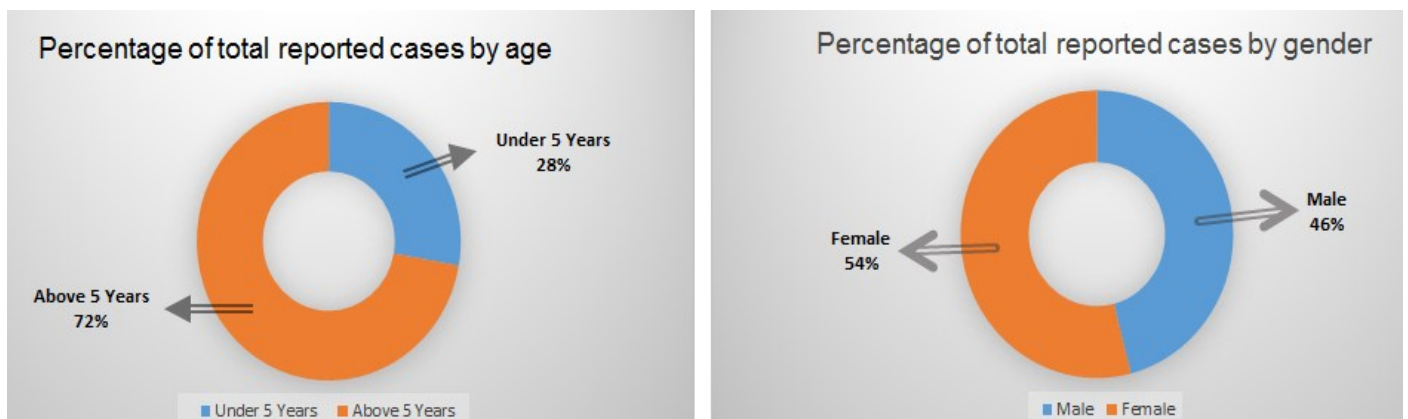


Figure I: Distribution of total consultations and number of reporting health facilities by week, Week 1 – 24, 2016

Distribution of total consultations in the camps by age and gender (Week 24, 2016)



Morbidity Patterns

IDP camps:

During Week 24, the proportion of acute respiratory tract infections (ARI) showed a slight increase from the previous week, while the proportions of acute diarrhea and skin infestations including scabies in IDP camps continued to increase (see the graph below).

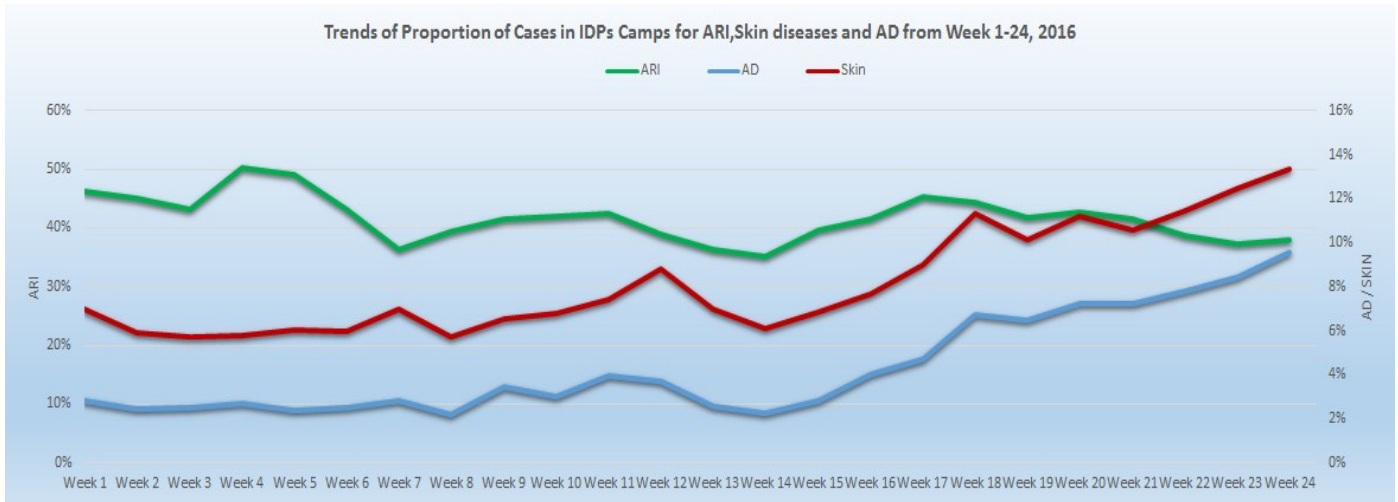


Figure II: Distribution of acute respiratory infection, scabies and acute diarrhea in IDP camps, Week 1 –24, 2016

Refugee camps:

During Week 24, the proportion of acute respiratory tract infections (ARI) slightly decreased from the previous week. The proportions of acute diarrhea and skin infestations including scabies trends continued to increase (see graph below).

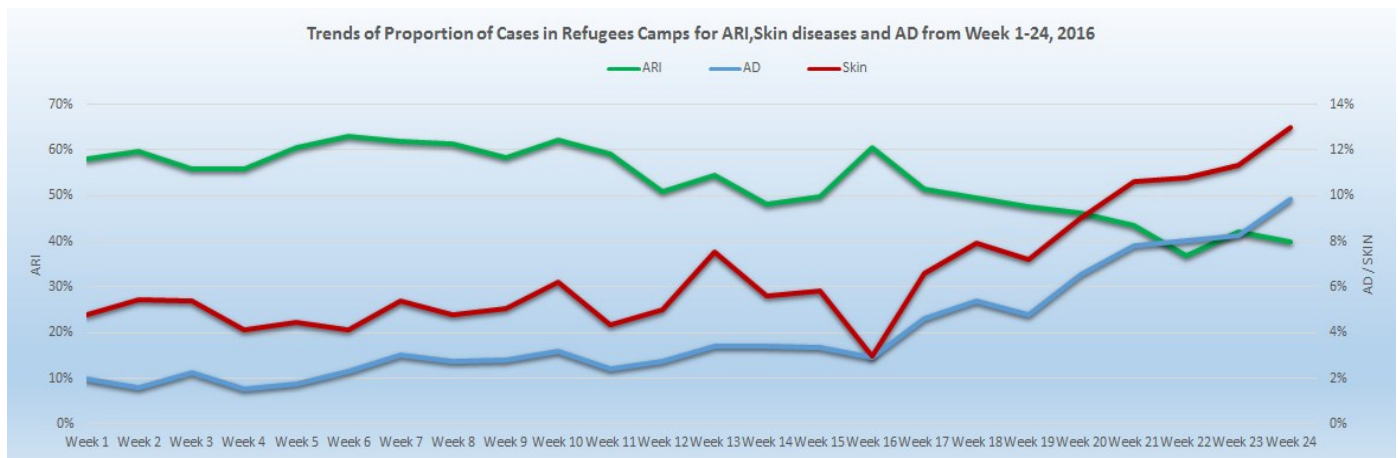


Figure III: Distribution of acute respiratory infection, scabies and acute diarrhea in refugee camps, Week 1 –24, 2016

Distribution of the common diseases by proportion and location for IDP Camps

The graph below indicates the proportion of cases of acute respiratory tract infections, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in IDP camps for Week 24, 2016.

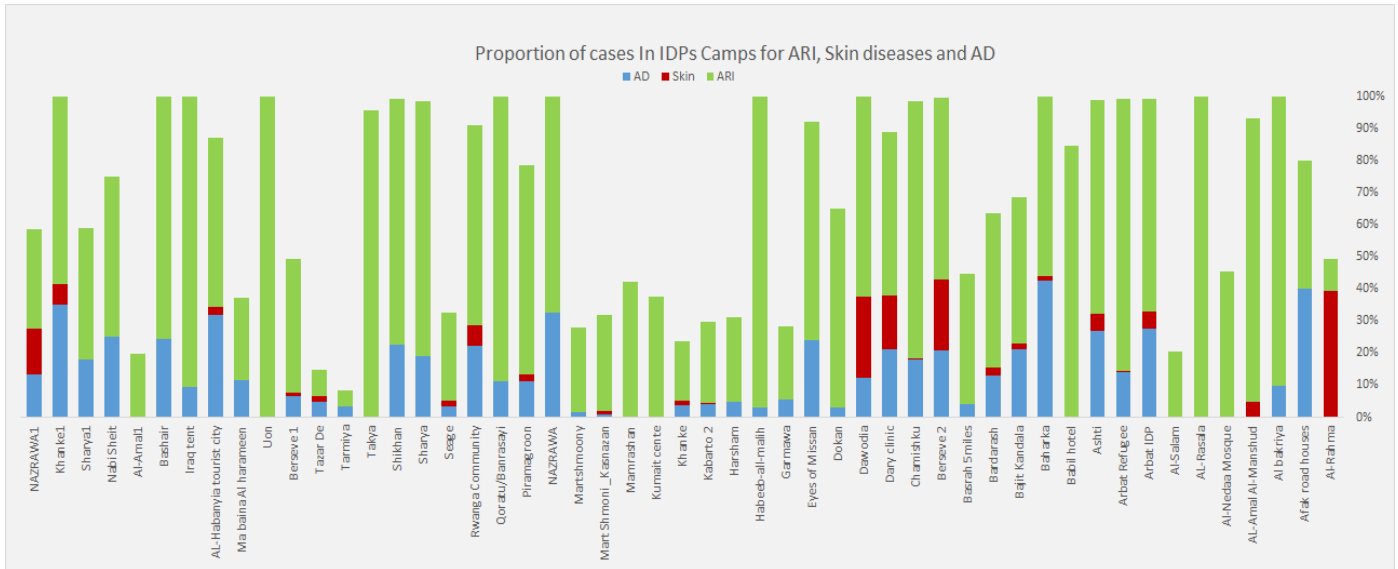


Figure IV: Proportion of cases of ARI, scabies and AD in IDP camps for Week 24, 2016

Trends of diseases by proportion and location for refugee camps

The graph below indicates the proportion of cases of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in refugee camps for Week 24, 2016.

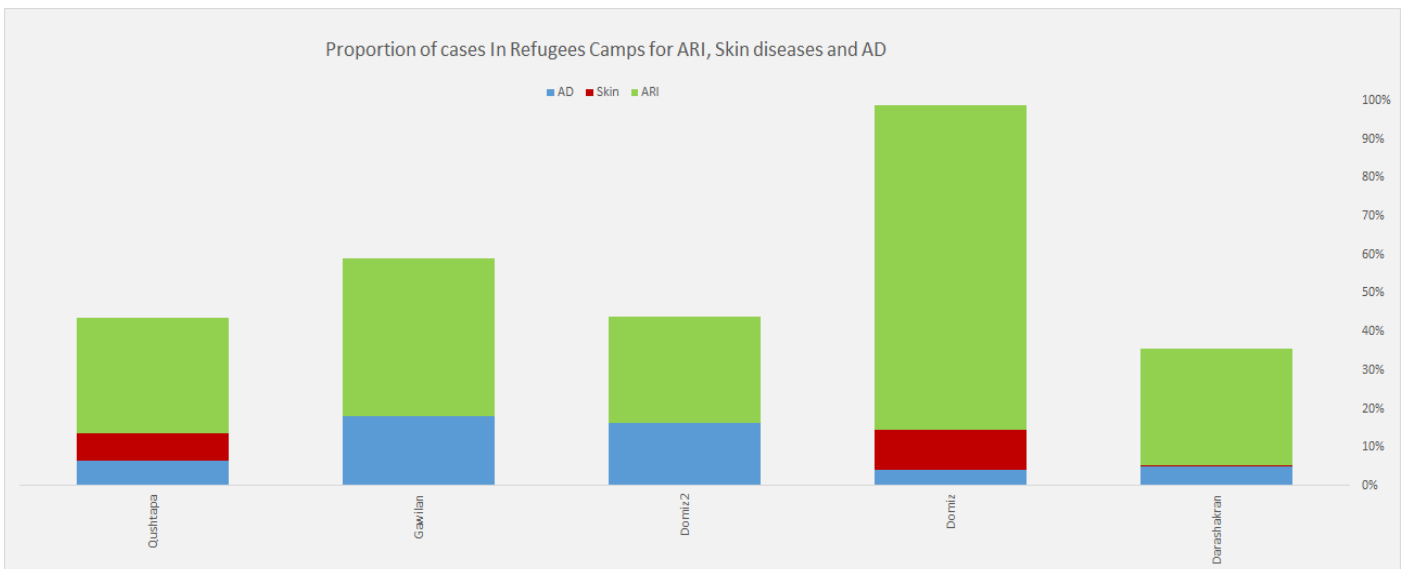


Figure V: Trend of proportions of cases of ARI, scabies and AD in refugee camps for Week 24, 2016

Trend of diseases by proportion and location for off camp IDPs covered by mobile clinics

The graph below indicates the proportion of cases of acute respiratory tract infection, acute diarrhea and skin infestations including scabies which comprises the highest leading causes of morbidity in off camp IDPs covered by mobile clinics for Week 24, 2016.

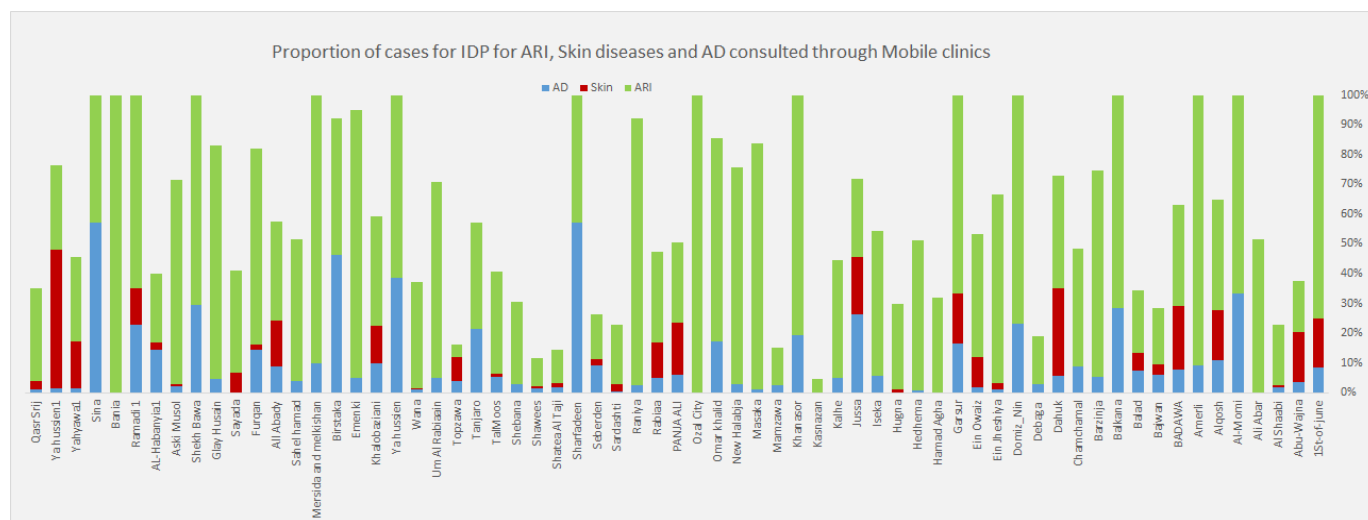


Figure VI: Trend of proportions of IDP cases for ARI, scabies and AD covered by mobile clinics for Week 24, 2016

Trends of acute jaundice syndrome

The graph below shows the trends of acute jaundice syndrome cases by week in Iraq from the EWARN system in years 2015 and 2016. During 2016, Week 23 showed an increase in the reported cases. Kerbala governorate reported 23 cases from caravans camp in Alhindiya district, while 2 cases were reported from Domiz camp in Dohuk and one case each reported from Darashakran, Habeeb Almalih and Baharka camps in Erbil and Shamiya camp in Qadisiya governorate. The communicable diseases control unit in Kerbala investigated the situation of the increase of AJS reporting in the caravans which was similar to the increase in all the governorates. Eight cases were confirmed as hepatitis A. The cause was attributed to Shabania visit to Kerbala during mid-May, which led to increased cases. Intervention activities including ensuring availability of safe water to all the population in the governorate and in camps, in addition to hygiene promotion activities and follow up. During Week 24, only 4 cases were reported from the camp.

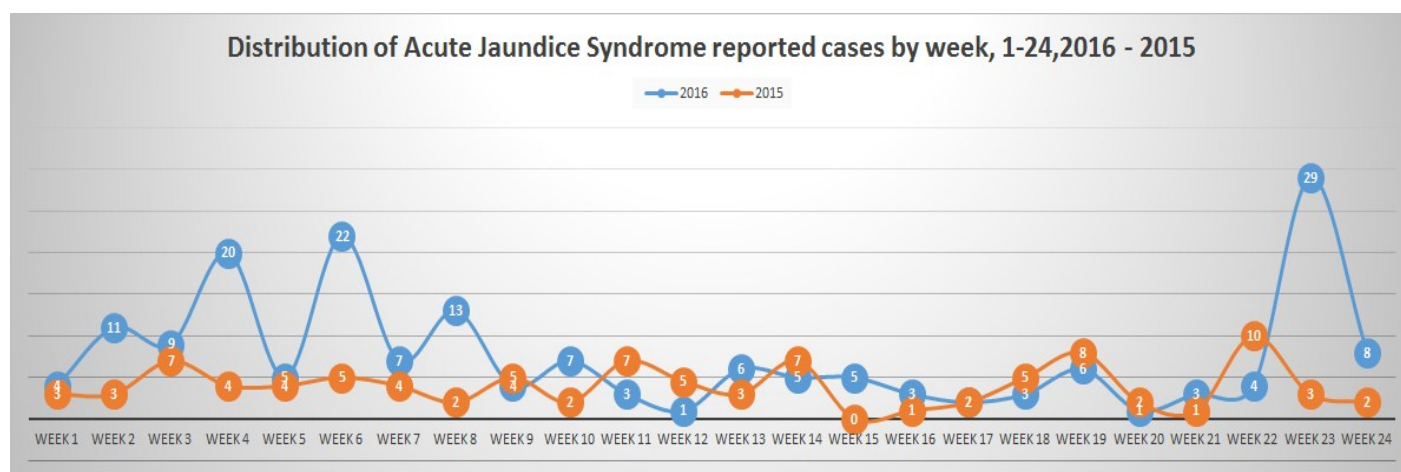


Figure VII: Distribution of acute jaundice syndrome reported cases by week, Week 1–Week 24, 2015-2016

Trends of waterborne diseases in IDP and refugee camps

The two graphs below show the trends of waterborne diseases (acute diarrhea, bloody diarrhea and acute jaundice syndrome) reported from IDP and refugee camps and which indicated a slight increase in waterborne diseases. (see graphs below).

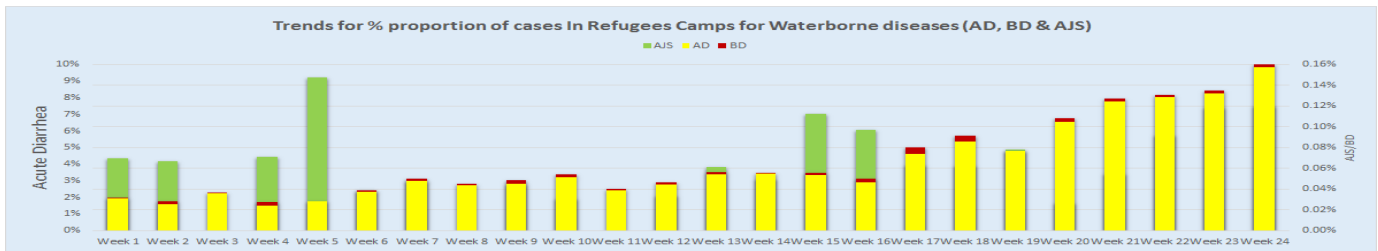


Figure VIII: Trend of waterborne diseases from IDP camps, Week 1-24, 2016

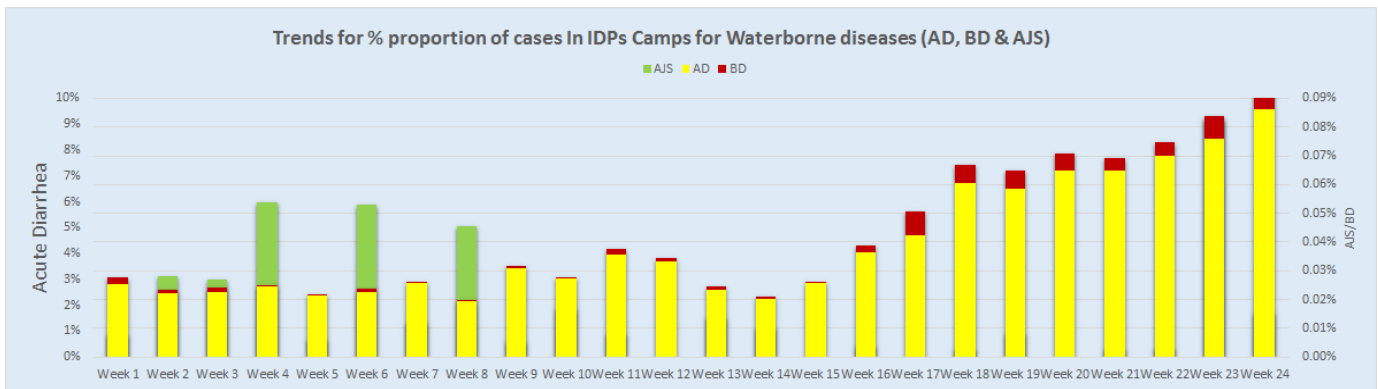


Figure IX: Trend of waterborne diseases from refugee camps, Week 1-24, 2016

Trends of acute diarrhea

The graph below showed the trends of the acute diarrhea reported from Week 1 to Week 24 in 2015 and 2016 by EWARN. There has been a continuous increase since Week 15, 2016. The highest number of cases in Anbar governorate (37% of the reporting AD cases in Week 24) were Al Habbaniyah tour, Amriyat Al Fallujah, 18 Kilometer and Al Habbaniyah 1, with an incidence density of 2%, 2%, 3% and 3% respectively. Dohuk governorate reported the second highest AD cases from Domiz2 refugee camp, Rwanda community and Chamishku with incidence reported a density of 1.6%, 1% and 0.4% respectively. In Sulaymaniyah governorate, Ashti IDPs camp reported AD cases with 1% incidence density. Acute diarrhea cases are expected to increase during this summer season, with possibility of a cholera outbreak. WHO released IDDKs and cholera rapid diagnostic test kits (RDTs) to the MOH and Governorate to monitor and detect early cholera cases from camps and outside the camp settings.

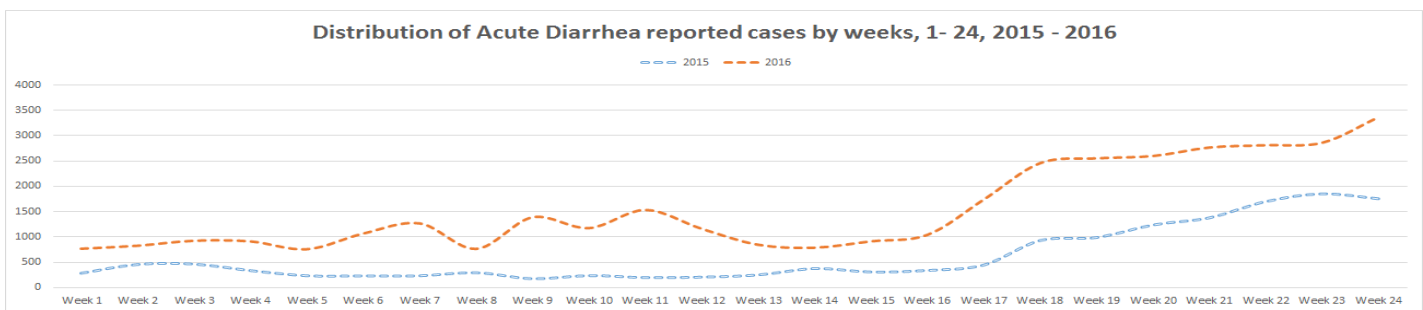


Figure X: Distribution of acute diarrhea reported cases by week, Week 1-Week 24, 2015-2016

Four alerts were generated through EWARN following the defined thresholds, of which three were from IDP camps and one from refugee camps during this reporting week. All these alerts were investigated within 72 hours, of which two of them were verified as true and were further investigated and responded by the respective Governorates Departments of Health, WHO and the relevant health cluster partners. (please see below alert and outbreak table).

Sn	Alert	Location	Governorate	District	IDP/Refugee Camp	# of cases	Run by	Investigation and Response within	Sample Taken Yes/No	Alerts Outcome True/False	Public Health Interventions Conducted
								48-72% DOH/WHO/NGO			
1	Suspected Measles	Kabarto 1	Dahuk	Sumel	IDPs	1	IMC	Yes	Yes	TRUE	Yes
2	Suspected Meningitis	Darashakran	Erbil	Erbil	Refugees	1	IMC	Yes	No	FALSE	No
3	Food poisoning	Ashti IDP	Sulaymaniyah	Arbat	IDPs	3	EMERGENCY	Yes	No	TRUE	No
4	Suspected Cholera	Abu greib	Baghdad	Karkh	IDPs	1	MC-IMC	Yes	No	FALSE	Yes

Trends of alerts

The graph below shows the numbers of alerts (true & false) generated through EWARNs per week, which have been investigated and responded accordingly by the Ministry of Health, WHO and health cluster partners.

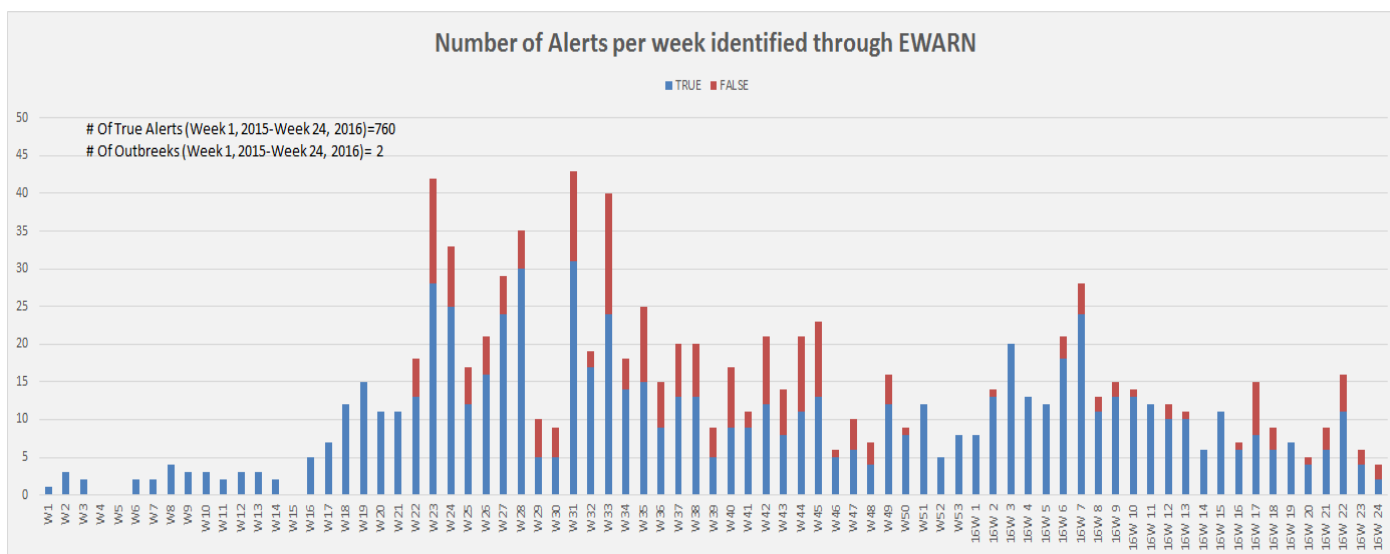


Figure X: Alerts generated through EWARN surveillance Week 1, 2015—Week 24, 2016

For comments or questions, please contact

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